

**STATE OF SOUTH DAKOTA
CLIENT SERVICE SUMMARY
FISCAL YEAR 2008**



PREPARED BY

**THE DEPARTMENT OF HUMAN SERVICES
DIVISION OF ALCOHOL AND DRUG ABUSE**

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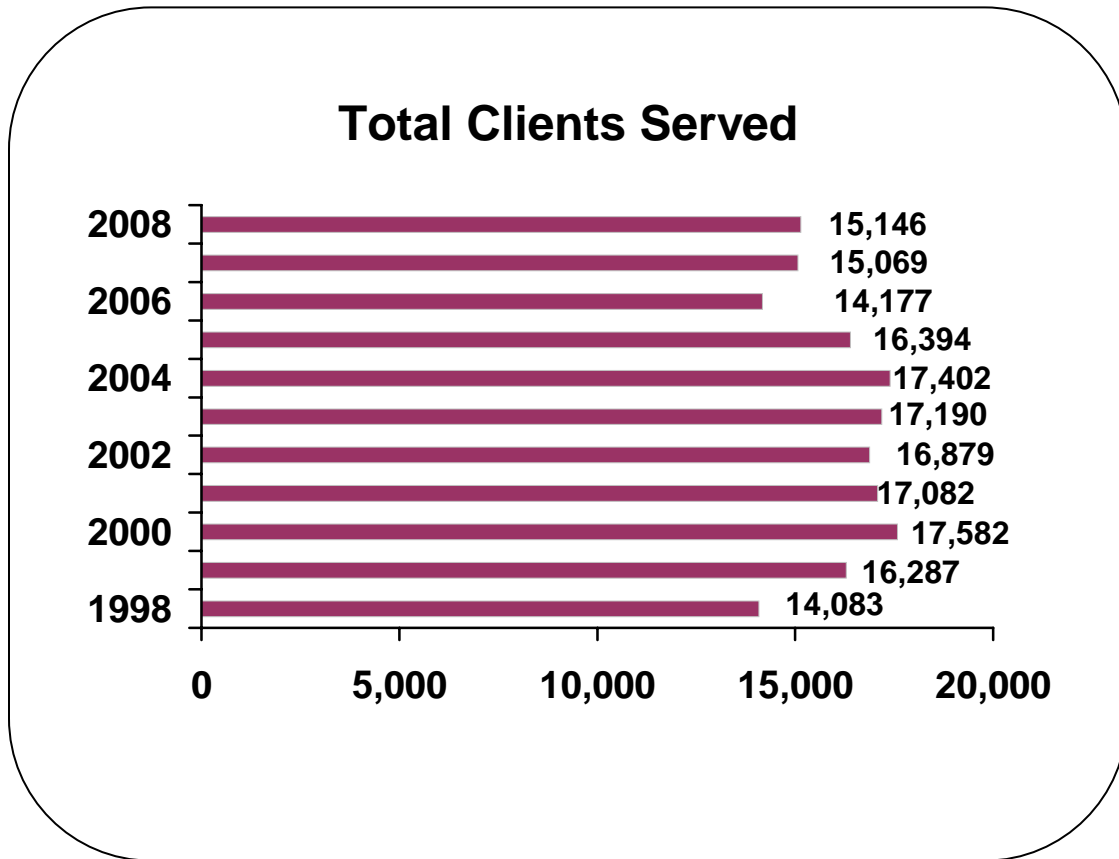
State Treatment Activity Reporting System (STARS)

Data collected for the annual client service summary report is gathered in the South Dakota Department of Human Services State Treatment Activity Reporting System (STARS). Stars is a web based system which has been designed to collect information on all individuals who receive alcohol and drug treatment services from accredited alcohol and drug facilities in South Dakota. Precautions are taken to maintain the client's right of privacy concerning descriptive information relating to diagnosis and treatment. Reports from the system are summaries utilizing information from multiple clients.

The collection of data on individuals who have substance abuse issues allows the state to summarize services provided in South Dakota and to analyze the extent, distribution, and effectiveness of those services in order to make informed decisions regarding improved service delivery in the future. Treatment and prevention profiles can be provided statewide, by county, facility, or by any factor currently collected in STARS. In addition, services that are contracted by the department can be tabulated at any point to allow state/facility analysis of services rendered and funding that is available to be allocated. The department also utilizes the information to provide payment for contracted services.

SFY2008 data, which encompasses June 1, 2007 to May 31, 2008, reflects an unduplicated count of 15,146 clients served by 58 division accredited agencies located across the state. Of the 15,146 clients served, there were 15,402 admissions indicating that many clients entered structured treatment programming multiple times.

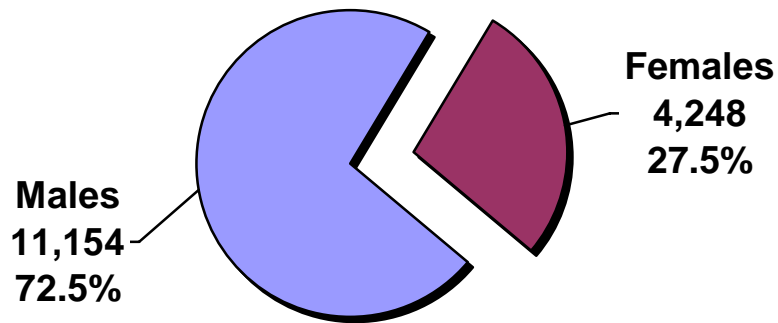
In FY2008 (June 1, 2007-May 31, 2008), a total of 15,146 clients (unduplicated number) received chemical dependency services through 58 accredited treatment facilities through the State of South Dakota. These clients received services ranging from crisis intervention to structured treatment programs.



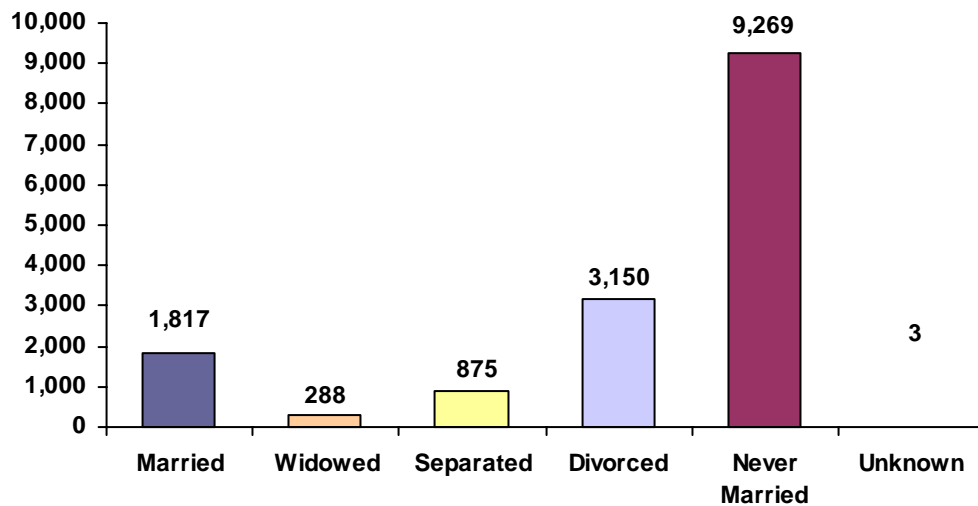
DEMOGRAPHIC INFORMATION ON CLIENT ADMISSIONS FOR FY2008

Of the 15,146 clients served, there were 15,402 admissions indicating that some clients entered structured treatment programming multiple times.

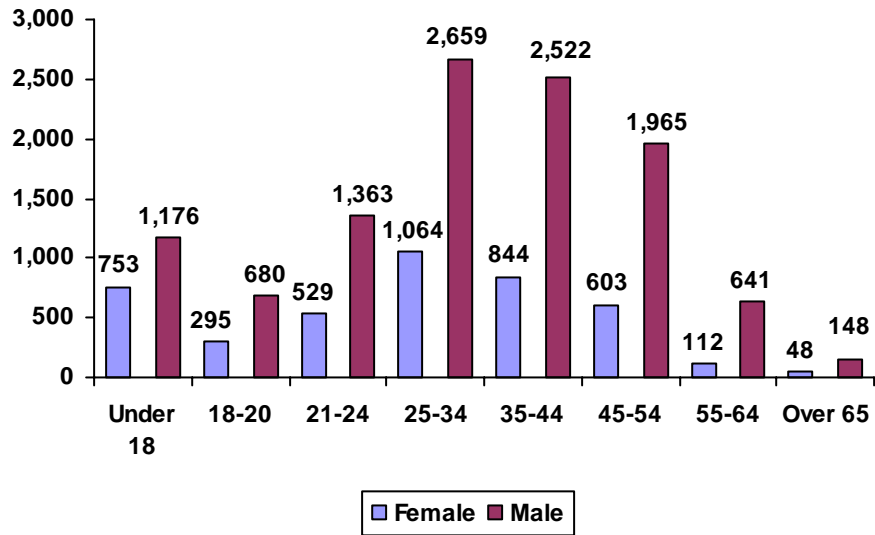
Gender



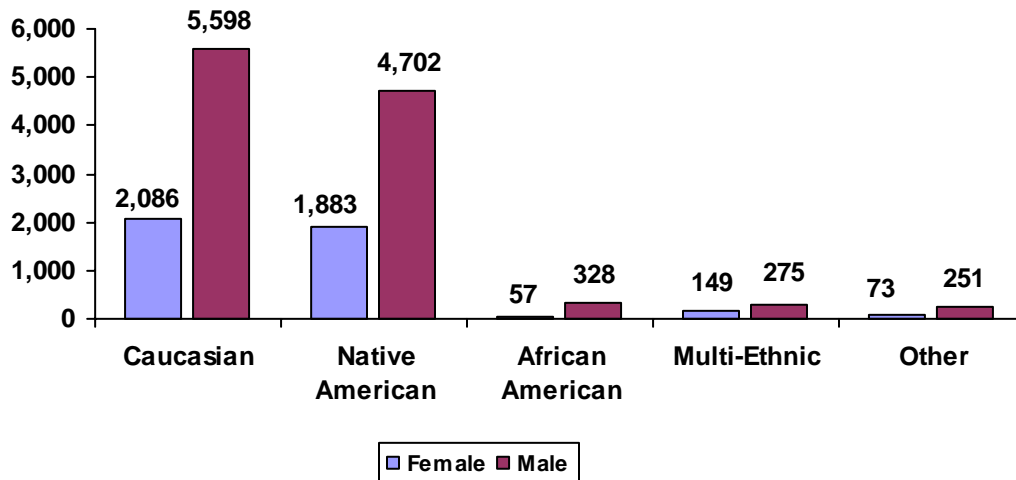
Marital Status



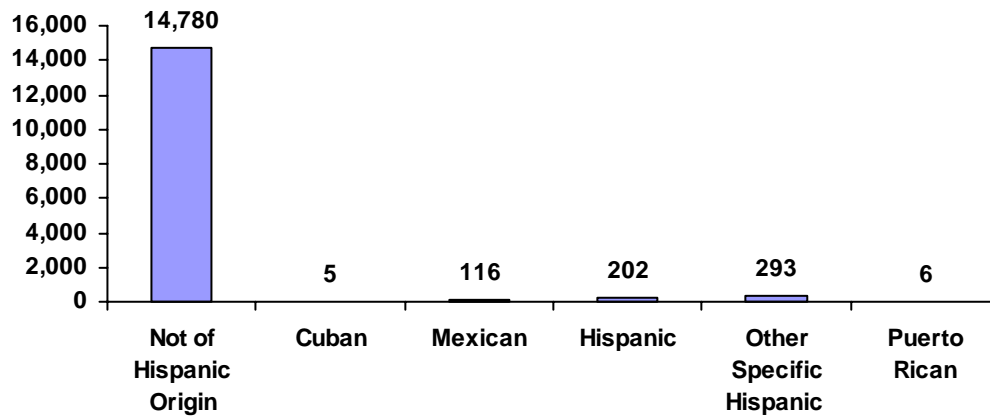
Clients by Age



Clients by Race

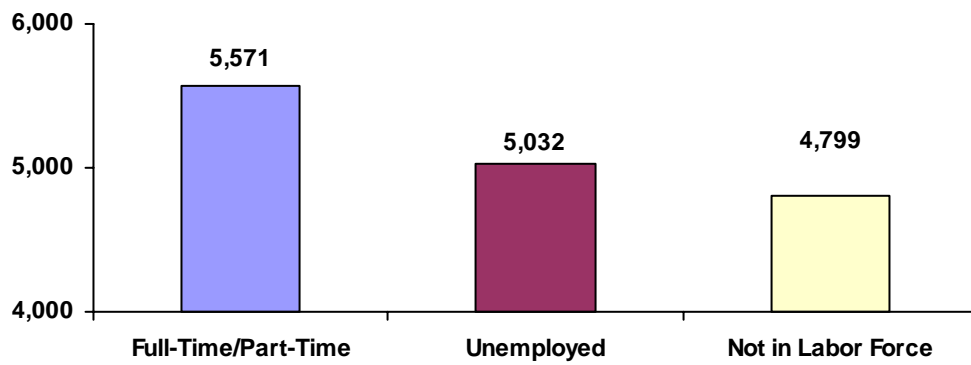


Ethnicity

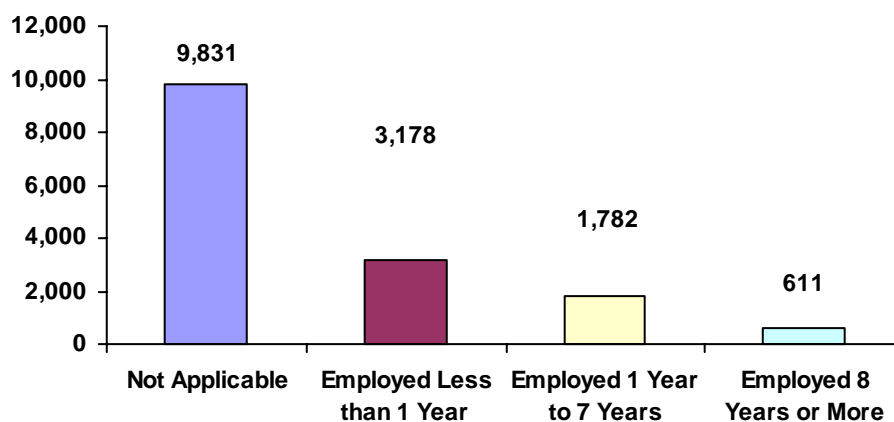


EMPLOYMENT

Employment Status

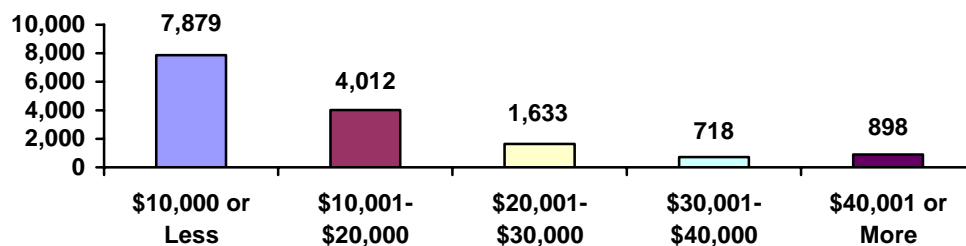


Length of Employment

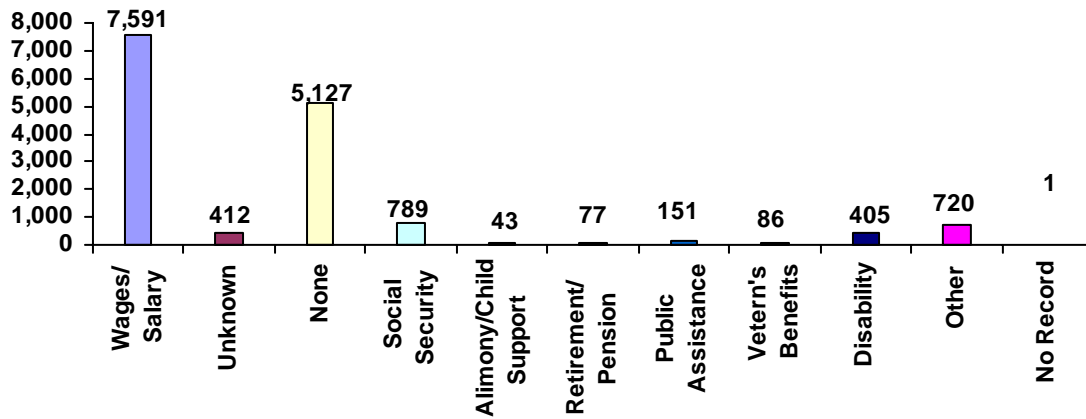


The report for Yearly Average Salary is based on number of clients served rather than number of client admissions. The report includes information on 15,140 individuals within STARS. The remaining 6 individuals yearly average salary is unknown.

Yearly Average Salary

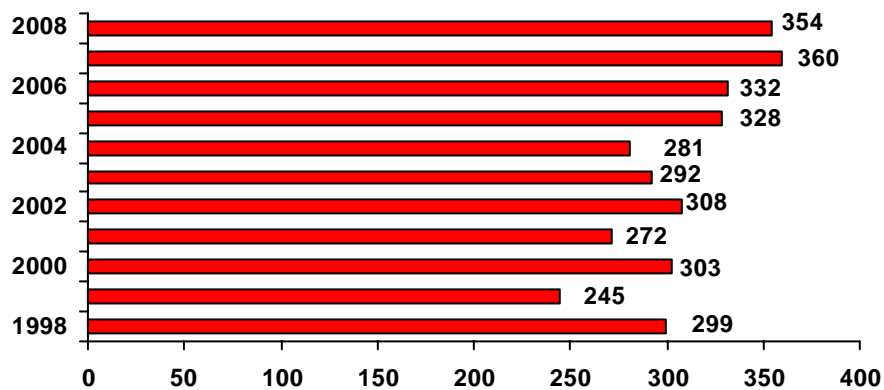


Source of Income



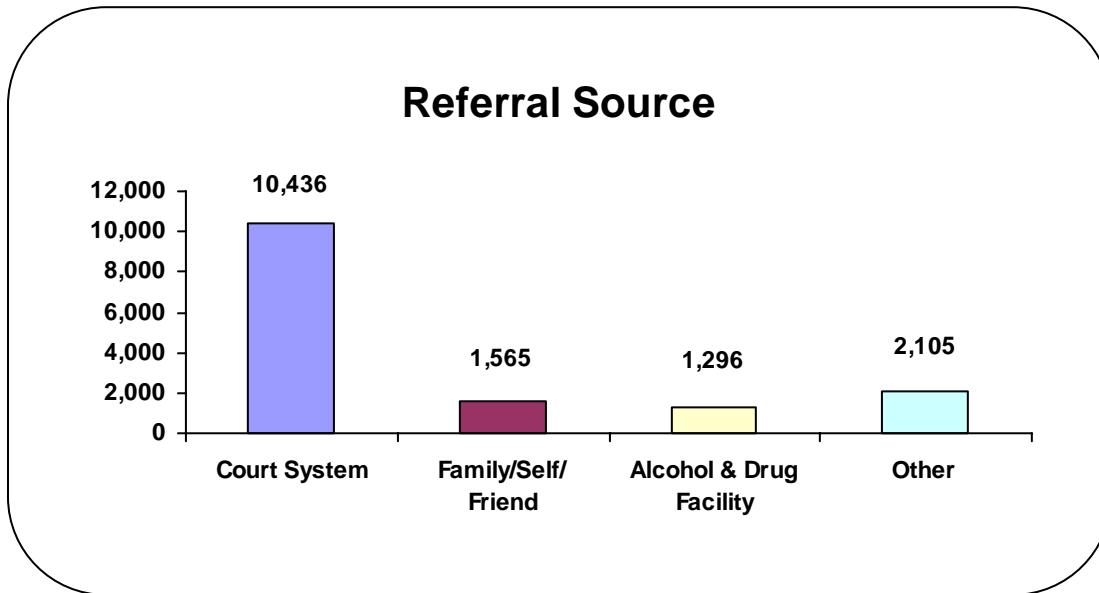
The information in the graph below shows that 354 clients reported homeless to be their living arrangement during FY2008. This compares with FY2007 where 360 clients reported being homeless as their living arrangement.

Homeless Clients



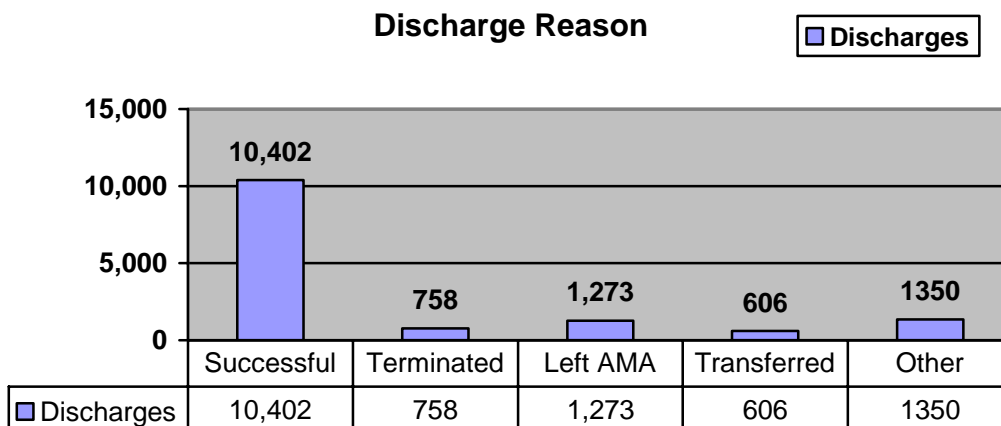
REFERRALS

The following graph reflects client referral sources for chemical dependency services. The “Other” 14% of referrals were made by the following: employer, school, medical physician, other health care provider, community mental health center, Dept. of Social Services, Bureau of Indian Affairs, Indian Health Services, Division of Alcohol and Drug Abuse, Human Service Center, law enforcement, circuit court judges, information and referral hotline, and other community-based sources.



DISCHARGES

STARS shows there were 15,402 total admissions with 15,146 clients moving in and out of the chemical dependency system multiple times. Of the total admissions 14,389 were discharged in FY2008.

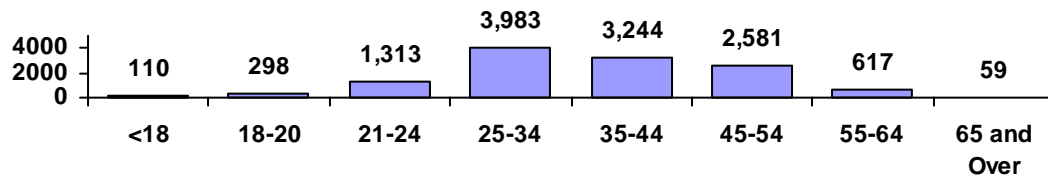


Discharge referrals were made to the following: attorney, Department of Social Services, Parolee Services, against counselor advice, family/friend, medical physician, community mental health centers, Indian Health Services, Division of Alcohol and Drug Abuse, Gamblers Anonymous and other community-based sources.

DUI CONVICTIONS

For those clients referred for services in FY2008, 15,146 clients had a total of 12,205 DUI convictions within the last ten (10) years. In FY2007, 874 clients went through the 12 hour South Dakota Public Safety DUI Curriculum. Through SFY08 approximately 4,000 clients have attended this curriculum.

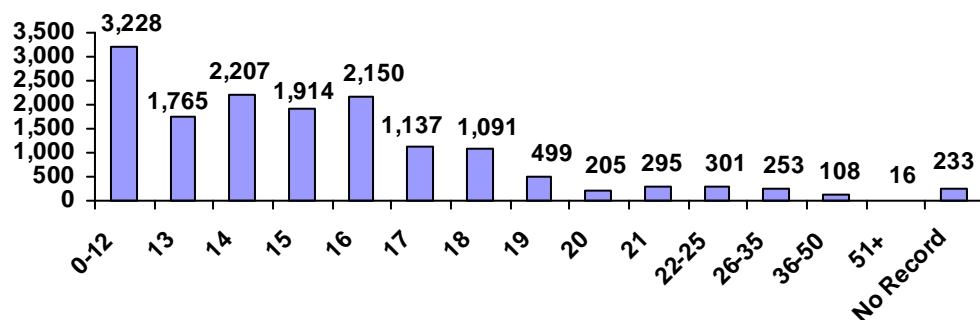
DUI Convictions in the Past 10 Years



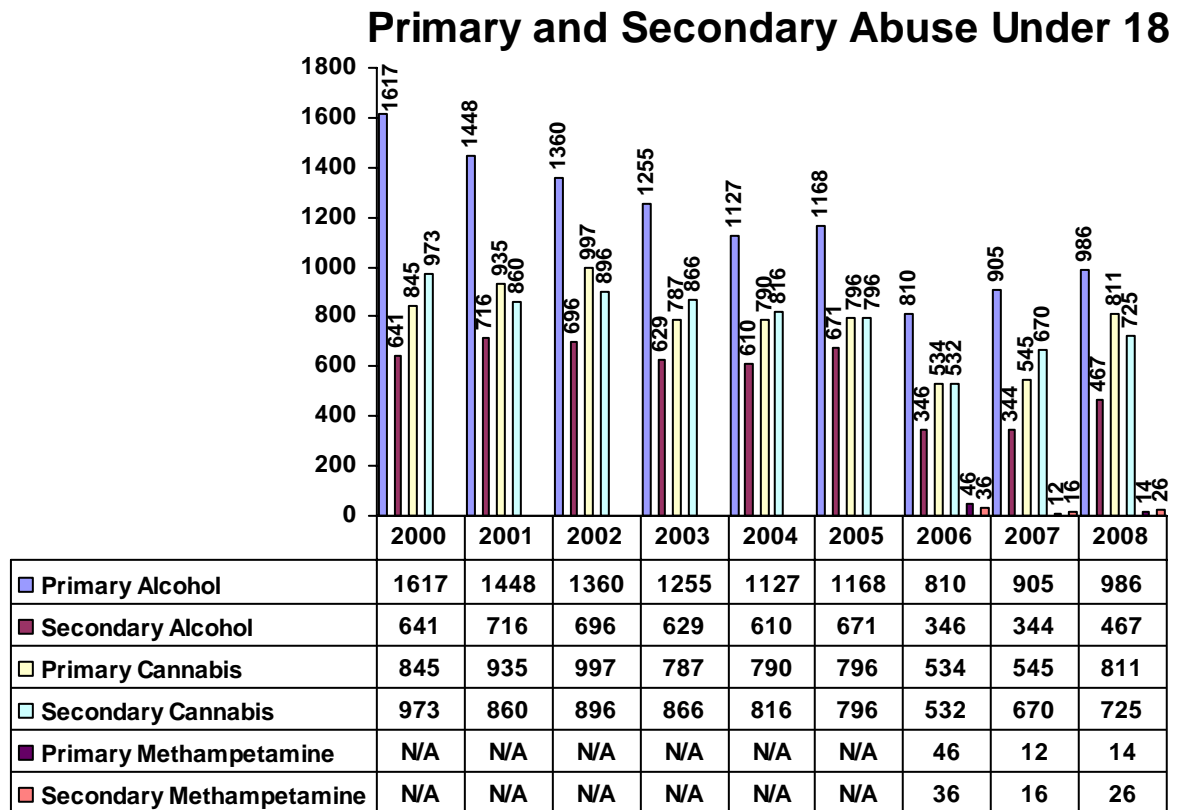
AGE OF FIRST USE

The admission data demonstrates that 3,228 or 21% of clients reported their first use of alcohol and/or drugs at/or prior to age 12; 14,196 or 92% reported their first use of alcohol and/or drugs occurred prior to the age of 21; and 1206 or 7% reported their first use of alcohol and or drugs occurred at/or after age 21. The following chart demonstrates at what age clients who received services first began using drugs/alcohol according to data collected at admission in FY2008.

Age of First Use



The following graph is information gathered regarding the primary drugs of abuse by clients under the age of 18.

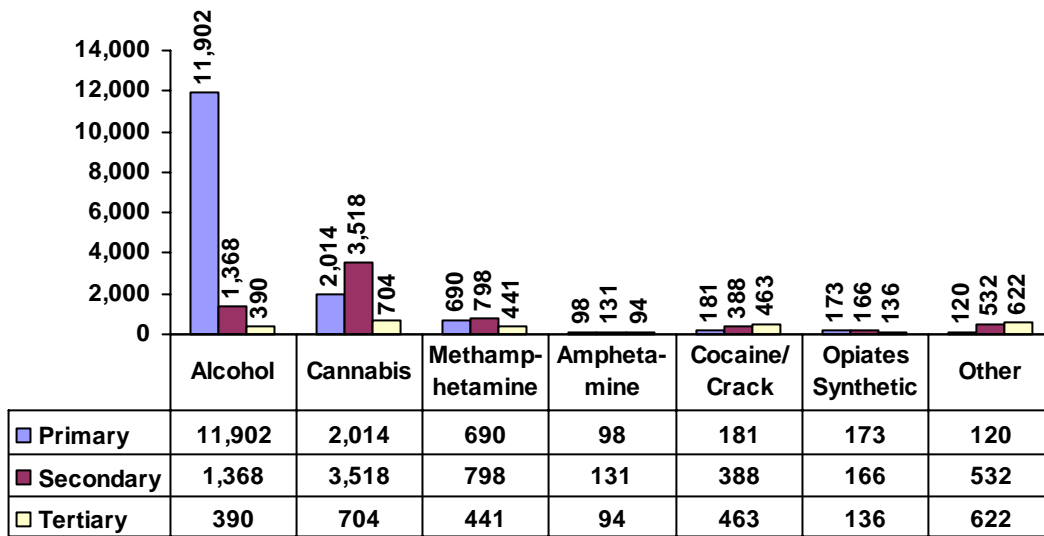


In FY2008, alcohol was the primary drug of abuse for 986 or 51% of the youth and cannabis was the primary drug of abuse for 811 or 43% of the 2,064 youth under the age of 18 admitted to chemical dependency services. In addition, alcohol was the secondary drug of abuse for 467 or 24% of the youth and cannabis was the secondary drug of abuse for 725 or 38% of the youth under the age of 18. Methamphetamine was the primary drug of abuse for 14 or 0.6% of the youth and the secondary drug of abuse for 26 or 1% of youth under the age of 18.

SUBSTANCE OF ABUSE

Most clients who received services had a substance of choice which they abused more heavily than another. The following chart demonstrates client's primary, secondary and tertiary substance of abuse at the time of admission in FY2008. The "Other" drugs category would include the following: inhalants, hallucinogens, sedatives, phencyclidine/(PCP), over the counter/(OTC), nicotine, caffeine or other drug.

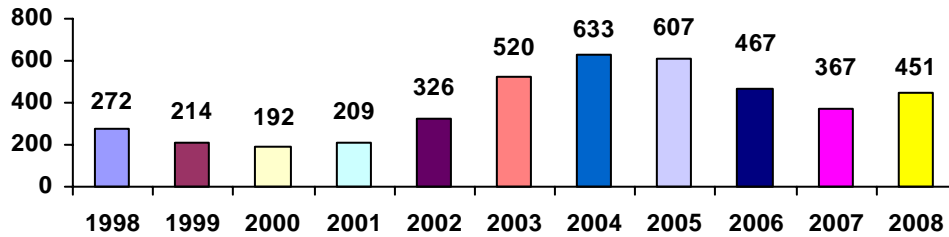
Substance of Choice



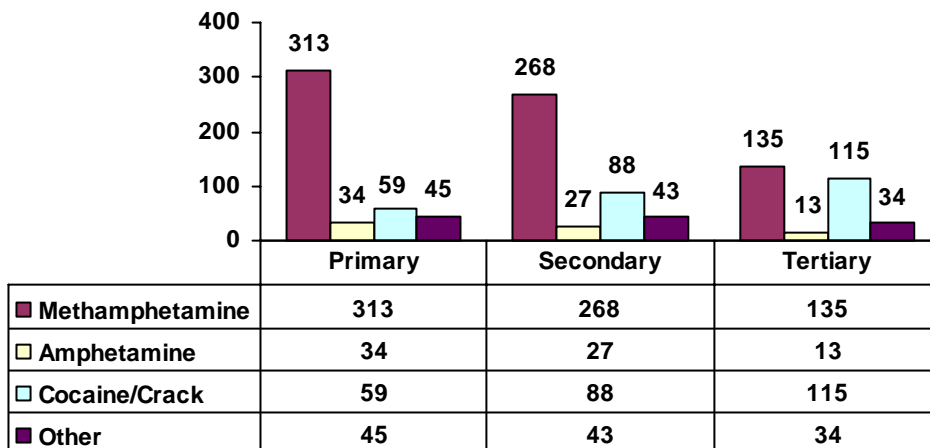
DATA ON INTRAVENOUS DRUG USE

The following charts demonstrate IV drug use as one of the primary routes of administration and the primary IV drug of choice was methamphetamine. Of the 15,146 clients served, 451 used chemicals via intravenous or intramuscular injection.

Primary IV Drug Use



IV Drug Use by Drug of Choice



NOTABLE TRENDS

During FY2008, the Division of Alcohol and Drug Abuse obtained data on 15,146 clients who were served through 58 accredited facilities. Services that are offered were Assessments, Intensive Outpatient Treatment, Day Treatment, Outpatient Counseling, Medically Monitored Intensive Residential Treatment, Low Intensity Residential Treatment, and Detox.

The primary drugs of choice during FY2008 were:

Alcohol – 59% Cannabis – 12% Methamphetamine – 5% Cocaine/Crack – 1% Other opiates & synthetics - 1%

The primary drugs of choice during FY2007 were:

Alcohol – 60% Cannabis – 11% Methamphetamine – 8% Other amphetamine – <1%

The primary drugs of choice during FY2006 were:

Alcohol – 70% Cannabis – 15% Methamphetamine – 9% Other amphetamine – 1%

In previous years the primary drug of choice using the MIS System is as follows:

The primary drugs of choice during FY2005 were:

Alcohol – 66% Cannabis – 14% Methamphetamine – 6% Other amphetamine – 2%

The primary drugs of choice during FY2004 were:

Alcohol – 64% Cannabis – 13% Methamphetamine – 5% Other amphetamine – 1%

During FY2008, there were a total of 15,146 clients served statewide with a total of 2,150 clients with an amphetamine/methamphetamine diagnosis, either dependency or abuse. During FY2007, there were a total of 15,069 clients statewide with a total of 1,664 clients with a methamphetamine diagnosis.

During FY2008, 175 pregnant-parenting substance-abusing women received chemical dependency treatment services in South Dakota. Of the 175 pregnant-parenting substance-abusing women 47 report a Primary, Secondary, or Tertiary drug of abuse as methamphetamine. The following chart breaks down their demographics along with their Primary Substance of Choice.

Race	Age	Marital Status	Annual Income	Primary Substance
Caucasian 62	0-17 27	Married 13	\$0-1,000 95	Alcohol 117
Native American 98	18-20 28	Widowed 1	\$1,001-10,000 43	Cannabis 28
Multi-Ethnic 10	21-24 52	Separated 15	\$10,001-20,000 28	Crack/Cocaine 5
Asian 2	25-34 60	Divorced 17	\$20,001-40,000 9	Meth/Amphetamine 16
Alaska Native 1	35-44 8	Never Married 129		Oxycodone 4
Other 2				Other 7

During FY2008, there were 93 pregnant-parenting women who completed chemical dependency treatment services in the specialized pregnant women/women with dependent children programs.

The following table identifies treatment and prevention services by category and details the total number of units of service purchased by the Division and the number of clients served.

Service	Total Contract Units	Total Contract Clients	Total Non-Contract Units	Total Non-Contract Clients
Early Intervention (15 min/unit)	45,152	5,336	30,209	4,387
Co-Dependency (Non-Contract Only)	-	-	-	-
Outpatient (Counseling) (15 min/unit)	214,624	5,400	52,139	1,101
Intensive Outpatient (15 min/unit)	433,776	2,215	603,799	3,000
Day Treatment (1 day/unit)	10,172	388	1,411	58
Intensive Inpatient (1 day/unit)	31,410	857	40,349	1,358
Low Intensity Residential (1 day/unit)	67,253	1,246	26,836	387
Detoxification (1 day/unit)	9508	1,485	570	311
Information Dissemination (1 hour/unit)	12,550	1,775,784	0	0
Education (1 hour/unit)	34,615	270,020	0	0
Community Based (1 hour/unit)	8,775	96,928	0	0

Alternatives (1 hour/unit)	5,251	65,468	0	0
Environmental (1 hour/unit)	796	56,370	0	0
19-20 Diversion (1 hour/unit)	1,203	922	0	0
18 & under PPP Diversion (1 hour/unit)	1,134	791	0	0
IPP Diversion (1 hour/unit)	1,164	1,980	0	0

PREVENTION

During FY2008, a total of \$2,280,651 was expended in federal funds. In addition, \$116,954 was expended in the Resource Development area. What follows is a summary of those prevention projects supported with funding from the Division.

- I. The Division's alcohol and other drug prevention services for FY2008 included a continuum of activities, programs, and projects. Prevention services included alcohol and drug prevention classes, resource center support, violence and bullying prevention, youth trainings for peer leadership, ATOD curriculums, comprehensive health education, school-based prevention and community coalition mobilization.

- II. South Dakota's Prevention Resource Centers are located in Sioux Falls, Watertown, Rapid City, and Lemmon which provide a wide range of services to school and community agencies statewide. Those services include: alcohol and other drug prevention trainings, violence education and trainings to school and community groups; the maintenance of a resource center and library; curriculum training and program implementation; a speaker's bureau; prevention evaluation and policy implementation trainings; Improvisational Theater trainings; and other prevention services. In addition, the Prevention Resource Centers also serve as a networking and community collaboration "hub" for their catchments area.

- III. The Division of Alcohol and Drug Abuse is fully committed to community mobilization efforts through the South Dakota Community Mobilization Projects. This initiative is designed to blend the resources of federal, state, and local government together with those of community leadership, volunteers, private and public service providers, families, schools, and all citizens to focus on reducing the incidence of substance abuse in the state. Each Community Mobilization Project is staffed by a Community Prevention Networker (CPN). The CPN's function is to assemble a coalition of community leaders and/or help sustain current ATOD and violence prevention efforts within the community, conduct a needs assessment based on the input of the identified community leaders, develop and implement an action plan (based on the needs assessment) which outlines specific goals and objectives designed to address alcohol/drug abuse and violence issues in the community, evaluate the project on an ongoing basis, facilitate community/student forums focusing around an area of concern/interest, and provide assistance with youth development projects in schools and communities. There are 15 Community Prevention Networkers across the state with offices

located in Aberdeen, Watertown, Lemmon, Pierre, Madison, Huron, Sturgis, Hot Springs, Rapid City, Winner, Mitchell, Yankton, and Sioux Falls.

- IV. The Division of Alcohol and Drug Abuse has been the state RADAR (Regional Alcohol and Drug Awareness Resource) Network since 1990. The RADAR Network is a web of state substance abuse offices, universities, clearinghouses, libraries and specialty programs serving in a “knowledgeable exchange” on national, local, and community levels. The RADAR Network plays an intricate role in supporting state prevention, intervention and treatment efforts by providing free publications, immediate access to information, and technical assistance in meeting public health goals relating to alcohol and other drug problems. Associate RADAR Network Centers in South Dakota include the Prevention Resource Centers and the Alcohol and Drug Studies Program at USD. An important feature of the network is PREVline, an Internet gateway to access prevention and treatment information from virtually any point on the globe. The RADAR Network is funded and supported by the national Center for Substance Abuse Prevention (CSAP).

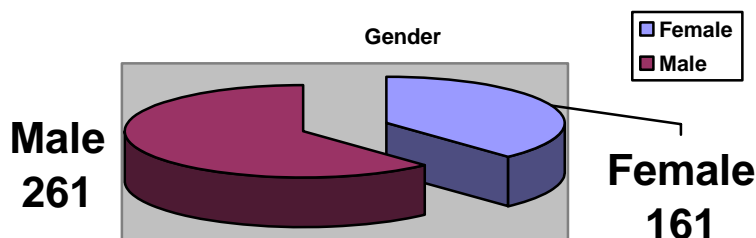
In 1999, the Division forged partnerships in the community of Sioux Falls, SD and Sioux Falls School District to provide prevention services in the schools. Prairie View Prevention Services is the local accredited prevention program that now oversees staff and prevention programming in each high school and middle school in Sioux Falls. In 2002, Prairie View’s services expanded to cover the Canton School District, south of Sioux Falls and in 2003 to Aberdeen, SD and the Aberdeen School District. Prairie View Prevention has 15 staff trained in chemical dependency and/or prevention. Services provided on-site include providing screenings, prevention/early intervention programming and other ATOD curriculums to students and staff. Lifeways, Inc. began providing prevention services in the Rapid City School District in 2003. Currently, Lifeways has 15 prevention staff. Due to the success of this programming, Lifeways has since expanded their school-based prevention programming into 5 schools in the Southern Hills Education Consortium, in the southern Black Hills. In 2006, YouthWise began providing prevention services in the Spearfish and Lead/Deadwood school districts. For the 2007/08 school year, Aberdeen School District has changed prevention providers to Avera St. Lukes-NADRIC, a local agency in Aberdeen. These school based programs now offer services to over 54,000 students a year.

- V. The Division of Alcohol & Drug Abuse also provides prevention through the Diversion Program. In this program, juveniles entering the criminal justice system due to an alcohol or drug related offense will be screened to identify whether they have a substance abuse problem. Depending on the information gained in this screening, the individual will either be referred to one of two levels of programming, the Primary Prevention Program (10-12 hours) or the Intensive Prevention Program (16 hours). During FY08, 1713 clients went through the primary prevention program and 1,980 went through the intensive prevention

program. Each level of programming includes a family component and an early intervention strategy that educates the youth on alcohol and drug related issues as well as the law regarding adolescent's use of chemicals. The community based program utilizes private and public systems to focus on the issue of youth chemical use. If it is determined that the juvenile requires a more extensive level of services, they may be referred to either Intensive Outpatient Treatment or Residential Treatment.

GAMBLING

The Division of Alcohol and Drug Abuse took over the management of compulsive gambling treatment services in FY2000. Service providers applied for funds and were awarded contracts to provide services. There were 422 individuals with some type of compulsive gambling problem who received some type of service during FY2008. Of the 422 clients who had some type of gambling problem, 224 clients received gambling specific treatment. A variety of services were provided including assessment, individual and group counseling, intensive outpatient treatment, day treatment, and residential treatment. Of the 422 clients, 259 or 61% were male and 163 or 39% were females. Of the 422 clients, 103 or 24% were married, 172 or 41% had never been married, 113 or 27% were divorced, 22 or 5% were separated, 11 or 3% were widowed and one is unknown. 324 or 77% were Caucasian, 64 or 15% were Native American, 9 or 2% were Black or African American, and 25 or 5% replied as other. The average income was \$10,001-20,000.



MOUNTAIN PLAINS RESEARCH (MPR) STUDY

In February of 1999, the Division of Alcohol and Drug Abuse developed a contract with Mountain Plains Research. The contract encompasses indigent clients placed in structured outpatient treatment and residential treatment services paid for by the Division. The forms and procedures used by Mountain Plains Research were adapted from and used with the permission of new Standards, Inc., (CATOR) which was the previous Contractor.

In December of 2007 a report received from Mountain Plains Research on indigent clients had data on 9,700 adult clients and 1,549 adolescent clients between April 1998 and November 2007 who were admitted to chemical dependency services. Data collected included ethnic origin, marital status, educational attainment, current employment status, financial assistance, treatment payment, referral source, reasons for entering treatment,

most recent chemicals used, income, place of residence, problem areas, and religious preferences.

The one-year follow-up results were based on 2,348 adults and 315 adolescents who were contacted by phone or mail. The abstinence rate of those in the 12-month follow-up survey for adults was 48% and for adolescents 47.3%. Since some type of court mandate forced many people (56.6% adults and 75.3% adolescents) into treatment, the abstinence rate was considered to be good. However, it is important to note the possibility of obtaining multiple responses to some of the questions in the survey and therefore the percentages may equal more than one hundred.

The follow-up information on the adults shows the following results:

- Clients completing treatment and were abstinent at the time of follow-up were hospitalized 4.4 times less after treatment than they were before treatment, and the number of days of hospitalization was 2.7 times less during the post-treatment period.
- There were 3.2 times as many emergency room visits before treatment than there were after treatment for those clients that were abstinent at the time of follow-up.
- Before treatment about one-third was unemployed, but one year post-treatment only 8.9% of all persons completing treatment were unemployed. For those that were abstinent during the follow-up period, the unemployment rate was only 7.6%.

The follow-up information on the adolescents shows the following results:

- Juveniles who were abstinent during the follow-up period were hospitalized about 3.9 times less than those who were using substances.
- Clients completing treatment were 3.3 times less likely to be absent from or late to work and 2.9 times less likely to have poor job performance due to alcohol or drug use.
- Clients who completed treatment had significantly fewer arrests, 5.0 times fewer misdemeanor arrests and 9.3 times fewer felony arrests after treatment than they did before treatment.

In FY2008, the Division received the follow-up outcome data on clients that completed the Gambling Treatment programming. The research was conducted by Mountain Plains Research through a contract with the Division. The outcome results were based on the 117 persons who were surveyed 12-months post-treatment. Of those clients, 52.1% did not gamble one year post-treatment. The report also stated that 72.1% of the clients received treatment through Division funding, 22.3% were self-pay, 3.0% through Medicare, 3.3% through Medicaid, 3.0% through Blue Cross/Blue Shield, and 6.5 % through Private/group insurance.

DIVISION'S CASE MANAGEMENT PROGRAM

The Division's case management program continues to expand to not only include all indigent clients but also Medicaid eligible adolescents who are in need of treatment, pregnant substance abusing females, substance abusing females with dependent children, and state employees along with their dependents who are in need of treatment. The Division also places clients who are in need of treatment because they have a gambling problem. During FY2008, the Division received 2,482 applications requesting chemical dependency services. This is an increase from FY2007 when there were 2,226 applications and FY2006 when there were 2,022 requests for chemical dependency services.

During FY2008, there were a total of 828 adolescent Title 19/indigent applicants for Division funding. 812 of those clients were funded by Title 19; the other 16 were funded through insurance or indigent funding. 448 clients were male with 380 clients being female. 544 clients were Native American, 240 were white, and 45 reported their race as other (Asian, African American, and Other). 95 clients were referred or involved with the department of corrections, 140 were referred by or involved with the Unified Judicial System, and 30 clients were referred or involved with tribal courts, with most of the tribal referrals coming from the Rosebud Sioux Tribe. 79 clients were placed under an 'Order of Commitments to HSC'.

During FY2008, the Division received approximately 1250 adult application requests for indigent funded treatment; 788 males and 462 females. Of those 1250 applications, 1153 applications were approved for placement. Of the 1153 adult client approved, 710 were White, 405 Native American, 20 Black or African American, and 19 reported their race as Other (Alaskan Native, Asian, Hispanic, and other). Statistics indicate that of the 1153 clients funded 672 were Unemployed, 109 worked Part Time, 122 were Not in the Labor Force, and 250 worked Full Time.

There were 44 clients approved for residential gambling services (one of which was funded by State Employee Insurance) and of those there were 26 males and 17 females; 38 White, and 6 Native Americans; 16 Unemployed, 4 Part Time workers, 3 Not in the Labor Force, and 20 worked Full Time.

RELAPSE SERVICES

Prior to FY2005, the Legislature approved funding to provide an intense, short-term residential treatment program for adjudicated adolescents involved in the Department of Corrections. This program was expanded in FY2005, when the Department of social Services agreed to fund all adolescent who are eligible for Medicaid funding and who met criteria for the short-term relapse program, including those involved in the

Department of Corrections. This program is designed for adolescents with a primary diagnosis of alcohol and/or drugs, who have completed treatment at least once and have relapsed while on aftercare in the community. The purpose of the program is to assist adolescents in 'getting back on the recovery track' and making vital community connections to support recovery. The focus of the treatment process is to identify primary relapse "triggers", relapse prevention, and development of a continued care plan. Emphasis on family involvement, as well as, involvement of other community support providers is a priority. The average length of stay for each adolescent is 18 days. There were 65 adolescent who attended the program in FY2008 compared to 57 adolescents in FY2007, 35 adolescents who attended the program in FY2006, and 42 adolescents who attended the program in FY2005.

PREGNANT ADOLESCENT'S PROGRAMMING

In March 1997, the Department of Human Services, Department of Corrections, Department of Social Services, and Volunteers of America joined in a cooperative effort to develop a program in South Dakota for pregnant or parenting teens and their children. A cooperative public/private venture, New Start, is a living and learning center for pregnant and parenting females between ages 12-18 that are referred by the Department of Corrections, Social Services, Human Services, or private sectors. The program provides a structured, safe, therapeutic, and staff-secure environment.

The overall goal of New Start is to provide the pregnant and parenting females with the services necessary for the achievement of self-sufficiency. New Start ensures the provision of a continuum of services to juvenile females who are in need of residential treatment and support services to make a successful transition to independent, productive living. New Start participants gain assistance in obtaining their high school diplomas, GED, and/or specialized skill training; improve their employability skills; address their chemical dependency, mental health, and/or legal problems; increase their knowledge and/or skills in parenting, child care, self-care, independent living, health, nutrition, and relationships. Accountability and personal responsibility, employment, education, self-sufficiency, and quality parenting are the long-term goals. The New Start facility provides safe shelter to a minimum of 8 females. Since the program's inception, 215 adolescents have received services from the New Start facility. There were 25 pregnant adolescents who attended the program in FY2008.

PREGNANT WOMEN'S PROGRAMMING

Effective July 1, 1998, the South Dakota State Legislature amended the guidelines for the emergency commitment and involuntary commitment of alcoholics and drug abusers. The emergency commitment was expanded to provide for the protection of children from prenatal exposure to alcohol and drugs. The involuntary commitment was amended to include pregnant women abusing alcohol or drugs. The result of the change in statute is the identification and commitment of pregnant substance abusing women to long term treatment.

In mid-January 2000, the Department of Human Services (DHS) and the Department of Social Services (DSS), through a cooperative effort with Volunteers of America-Dakota in Sioux Falls and Behavior Management Systems in Rapid City developed specialized programs for substance abusing pregnant women and women with dependent children. Both programs are residential treatment programs for 18 and older pregnant and parenting females, and their dependent children, who are struggling with drinking and/or taking drugs and who lack the ability to abstain from drinking or taking drugs. These programs provide coordinated substance abuse intervention and treatment, health care, and supportive services to pregnant and/or parenting women.

The experience of the client who attends these programs includes 45 days of Medically Monitored Intensive Inpatient Treatment Services. Upon completion of inpatient treatment, the client can then be discharged to a lesser level of care and move into the Low-Intensity Residential Treatment portion of the program. The length of the program is individualized and determined according to the needs of the woman and her children. It is based on the primary goal that ensures the client discharges with the skills necessary to care for herself and her baby. Projected length of stay is three months post-delivery to allow for the comprehensive assessment of the mothers parenting ability and transition back into the home community. Since inception, 688 women have admitted to the specialized pregnant women/women with dependent children chemical dependency programs beginning in January 2000 to June 2008. During FY2008, (July 1, 2007 to June 30, 2008) 93 women have been residents of the two programs.

JUVENILE JUSTICE PREVENTION PROGRAMS

During FY2008 the Division in conjunction with the Unified Judicial System, continued to promote and fund the Juvenile Prevention Programming to meet the needs of those adolescents involved with the legal system due to the use of chemicals. The Intensive Prevention Programs (IPP) and Primary Prevention Programs (PPP) in South Dakota are a priority. Diversion programming is operational in each of the state's seven Circuit Court districts and in two of the state's three Juvenile Detention Centers. These programs are designed for youth entering the juvenile justice system due to an alcohol or drug related offense. An initial screening is used to determine whether the juvenile has a substance abuse problem. Depending on the information gained in the screening, the individual is referred to the appropriate level of programming. The Intensive Prevention Program (IPP) is for youth that have multiple offenses. The Primary Prevention Program is for first time offenders. Each program is provided for the 18 and under age group as well as the 19-20 year age group.

From June 1, 2007 – May 31, 2008, 3,693 juvenile and young adults were referred to and completed the diversion programs.

CORRECTIONS SUBSTANCE ABUSE PROGRAMS

During FY2008 the Division continued to provide initial and ongoing services to both adults and adolescents through the Correctional Substance Abuse Programs.

Adolescent Programming

Adolescent programming is provided to all units of the STAR Academy for Youth. Multi-level care, based on program focus and individual need include; a full treatment needs assessment provided for all individuals entering the institution, Intensive outpatient treatment for individuals at the Patrick H. Brady Academy, and Pre-treatment, intensive outpatient treatment, and continuing care for those involved in the Youth Challenge Center for boys. Pre-treatment, intensive outpatient treatment and continuing care are also offered at the QUEST girls program. Intensive Outpatient Treatment is offered at the Excel girls program. Twelve-step meetings are also held on campus. There were 432 (328 male and 104 female) adolescents that received a Treatment Needs Assessment in FY2008 at the STAR Academy, which is an increase of 15% from FY2007. There were 261 (206 male and 55 female) adolescents who received intensive outpatient treatment from these facilities in FY2008, which is an increase of 9% from FY2007. There were also 81 clients who received aftercare services and 153 clients who received Pre-Treatment services in FY2008.

In addition, the Coordinator of Transition and Community Services serves as a liaison between the Division of Alcohol and Drug Abuse, Correctional Substance Abuse Programs, State Training and Rehabilitation Academy, Juvenile Community Corrections, and community providers to ensure comprehensive and ongoing chemical dependency services to juveniles under the supervision of the Department of Corrections. This position started in April 2005 and provides the necessary links between the Department of Corrections (institutional and community corrections), and community chemical dependency agencies on a statewide basis to ensure that all juveniles are transitioned from institutional to community services at the appropriate level of care, regarding their chemical dependency needs. The Coordinator also reviews documentation and recommendations for all institutionalized juveniles (state and private) to justify transitioning them into the appropriate level of services in the community, as well as initiating and making recommendations directly to the Division of Alcohol & Drug Abuse for juveniles who meet the criteria for inpatient services.

The Coordinator of Transition and Community Services referred 410 clients in FY2008 to some level of care in a community agency, which is a decrease from FY2007 by 24%. Only three percent of the clients were referred to treatment at a community agency upon release. Some reasons for the referral to this level of care were; client was admitted to the Intake and Holding Center in STAR Academy on Short-term Sanctions to be assessed, client was admitted to the Intake and Holding Center after receiving an assessment

referring them to Level III.7, and the client did not successfully complete Level II.1 Intensive Outpatient Treatment while in the STAR Academy program. This is a 6% decrease from FY2007.

Outcome studies completed by Mountain Plains Research submitted in December 2007 on those adolescents who received services through the Correctional Substance Abuse Programs indicate that:

- 33% did not use alcohol or other drugs during the initial 12 months following institutional release. This is a 2% decrease from FY2007.
- 36% had their aftercare revoked, which was a 9% increase from FY2007.
- Juveniles who attended twelve-step programming, had good compliance with their DOC Aftercare Plan, and were doing well in school had better outcomes (substance and arrest free, fewer aftercare violations, fewer revocations).

Adult Programming

The Correctional Substance Abuse Programs also provide services at all adult institutions in the State. Multi-level care, based on program focus and individual needs include: an initial assessment on most individuals entering the institutions and a full treatment needs assessment for those in need of treatment services. Treatment services provided are: primary intensive outpatient treatment, Native American specific treatment, Co-Occurring disorders treatment, and Methamphetamine specific treatment. A variety of these groups are facilitated at the South Dakota State Penitentiary, Minnehaha County Work Release Center, Yankton Minimum Unit, Mike Durfee State Prison, and the South Dakota Women's Prison. Continuing care programs and twelve-step meetings are also available for those who request them. There were 2,415 inmates (2,010 male and 405 female) that received a Treatment Needs Assessment during FY2008, a decrease of 2% from FY2007. There were 1,588 inmates and parolees (1,299 male and 289 female) who received intensive outpatient treatment in FY2008. This is an increase of 1% from FY2007.

The Coordinators of Transition and Community Services plan programming for those inmates releasing to Parole Supervision, and assist Parole Agents with Chemical Dependency services in prison and in the community. They provide a link between the adult institutions, parole services and community providers to ensure a smooth transition from institutional care to community services as well as arranging for community services to those parolees who are already on parole but need additional services.

The Community Transition Program [CTP (formally SIP)] includes relapse specific treatment for parolees who have violated their parole agreement due to use of alcohol and/or other drugs. Phase one is at Mike Durfee State Prison where they will complete all therapeutic programming. Phase two will be at a minimum facility where they will focus on employment. For female inmates Phase one is at the SD Women's Prison and Phase

two can be at the SD Women's Prison, CABH, or the Minnehaha County Work Release Center.

The Coordinators of Transition and Community Services referred 1,546 clients in FY2008 to some level of care in a community agency, which is an increase from FY2007 by 26%. Twelve percent (176 inmates) of the inmates paroled were referred to treatment at a community agency upon release, as they did not receive treatment inside the Institution due to a short sentence, serving their sentence in a disciplinary unit, or serving their time in a unit that treatment is not offered, which is a 3% increase from FY2007.

The Coordinators of Transition and Community Services also make referrals to community agencies for inmates being paroled who have been determined to have a mental illness. These referrals include residential placements, psychiatric services, case management, vocational rehabilitation, and assisting the individual in applying for SSI/SSDI. The Coordinators also work closely with the Department of Corrections, Parole, Mental Health, and Medical to release inmates with multiple issues in a timely manner. Examples would be; clients with mental health issues, sex offenses, severe chemical dependency issues, and physical limitations or disabilities.

Outcome studies completed by Mountain Plains Research submitted in December 2007 on those adults who received services through the Correctional Substance Abuse Programs indicate that:

- 45% did not use alcohol or other drugs during the initial 12 months following institutional release. This was a decrease from FY2007 by 1 %.
- Those who attended Aftercare and twelve-step programming had superior outcomes compared to those that did not.
- Educated, older, and employed individuals had better outcomes (substance and arrest free, fewer parole violations).

SPECIALIZED METHAMPHETAMINE PROGRAMS

There are three Specialized Methamphetamine programs that are running within the State of South Dakota; City/County Alcohol & Drug Programs, Keystone Correctional Methamphetamine Program, and the Intensive Methamphetamine Treatment Program at the South Dakota Women's Prison. The following will give you a brief description of these programs.

City/County Alcohol & Drug Program:

The Specialized Methamphetamine Treatment Program at the City/County Alcohol & Drug Program is a long term Day Treatment Program at the Friendship Halfway House in Rapid City, SD. The program consists of six months of residential programming at the

halfway house followed by six months of aftercare. This program originated as a research project for male methamphetamine addicts. There are 25-30 slots per year. Phase One-**Stabilization**: Consists of having the client admitted and if not experiencing any withdrawal symptoms, he will be moved into Phase Two-**Intensive Treatment**. Intensive Treatment will consist of 20 hours a week of group therapy for 8 weeks. Phase Three-**Structured Living**: Each individual will be admitted to an Intensive Outpatient Treatment setting consisting of 15 hours of group therapy a week for 8 weeks in the Half-Way House. Phase Four-**Community Placement**: Each client will reside in the Half-Way House for a Low Intensity Residential Treatment Program for 90 days. They will continue to have a minimum of 5 hours of group therapy a week. During this phase clients will be reintegrated into the community and be assigned a mentor for social support. This phase also consists of 6-8 months of aftercare. The Specialized Methamphetamine Treatment Program at the City/County Alcohol & Drug Program started on August 24, 2005. In FY2008, fifteen clients were placed in this program. Since inception, 79 clients have been placed in this program, with 40 (51%) either completing or still involved in the program.

Keystone Correctional Methamphetamine Program:

The Keystone Correctional Methamphetamine Program is an Intensive Inpatient Long Term Treatment Program that is utilized only in extreme cases and when all other means of treatment have been exhausted. This program is an alternative to sending a client to prison or violating the conditions of parole/probation and returning the client to a correctional institution. There are 20-25 slots per year. Phase One-**Stabilization**: Consists of having the client admitted and if not experiencing any withdrawal symptoms, he/she must be moved into Phase Two within three working days. This phase is completed at the Keystone Treatment Center in Canton. Phase Two-**Intensive Treatment**: Includes education, individual, group, and family therapy. Medical, behavioral, and mental health interventions are also applied as indicated and appropriate. Phase One and Phase Two combined are approximately 30 days. In Phase Three-**Structured Living**: Each individual will be admitted to a High Intensity Residential stay facility, such as a Half-Way house or Community Transition Program. This phase lasts 90 days and will include 6-8 weeks of Intensive Outpatient Treatment Programming, followed by continuing care services. During Phase Four-**Community Placement**: Each client will return to the home community and link with existing community resources, local Methamphetamine Coalitions and remain in contact with the mentor for the remainder of the year long continuum of care. This phase is approximately eight months.

The Keystone Correctional Methamphetamine Program started on October 4, 2004. In FY2008, 28 clients were placed in this program. Since inception, 97 clients have been placed in this program, with 59 (61%) either completing or still involved in the program.

South Dakota Women's Prison Program:

The Intensive Methamphetamine Treatment Program at the SDWP program has the capacity for three groups, with eight inmates in each group for 15 months of programming; including three months in the main Prison for **Stabilization**, three months in the Therapeutic Community for **Intensive Treatment**, three months in a Half Way House for **Structured Living**, and six months of Aftercare while living in their own residence in the community. This approach is evidenced based and monitored by assessment tools to prove efficacy. Data Collection and Assessment Instruments are administered during the program and sent to Mountain Plains Evaluation.

The Intensive Methamphetamine Treatment Program at the Women's Prison started on August 21, 2006. During FY2008, 96 clients were placed in this program. Since inception, 149 clients have been placed in this program, with 120 (81%) either completing or still involved in the program.

SD Department of Human Services
Division of Alcohol & Drug Abuse
Summary of Expenditures for SFY 2008

Service Activity	Federal	General	Other	Total
Administration	\$ 302,868.10	\$ 428,408.24	\$ 137,665.04	\$ 868,941.38
Inpatient / Residential	\$ 285,477.54	\$ 943,844.22	\$ -	\$ 1,229,321.76
Outpatient Treatment	\$ 1,216,288.12	\$ 1,146,517.74	\$ -	\$ 2,362,805.86
Counseling Services	\$ 877,249.41	\$ 603,892.39	\$ -	\$ 1,481,141.80
Detoxification	\$ 194,308.53	\$ 128,744.32	\$ -	\$ 323,052.85
Clinically-Managed Residential	\$ 1,436,919.51	\$ 1,291,885.53	\$ -	\$ 2,728,805.04
Prevention	\$ 2,280,651.38	\$ -	\$ 110,000.00	\$ 2,390,651.38
Resource Development-Treatment	\$ 60,051.00	\$ -	\$ -	\$ 60,051.00
Resource Development-Prevention	\$ 116,954.58	\$ -	\$ -	\$ 116,954.58
Tobacco Prevention	\$ -	\$ -	\$ 466,450.00	\$ 466,450.00
Treatment Gambling	\$ -	\$ -	\$ 244,000.00	\$ 244,000.00
West River-Intensive Outpatient Tx	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 6,770,768.17	\$ 4,543,292.44	\$ 958,115.04	\$ 12,272,175.65
 Title XIX - Pregnant Women	 \$ 212,979.86	 \$ 140,063.64	 \$ -	 \$ 353,043.50
Title XIX - Adolescents	\$ 2,447,942.82	\$ 1,585,186.05	\$ -	\$ 4,033,128.87
Title XXI - CHIP (Medicaid Expansion)	\$ 248,833.76	\$ 94,836.24	\$ -	\$ 343,670.00
Title XXI - CHIP (Non-Medicaid)	\$ 63,038.77	\$ 23,602.23	\$ -	\$ 86,641.00
Subtotal	\$ 2,972,795.21	\$ 1,843,688.16	\$ -	\$ 4,816,483.37
 SA - Corrections Adult	 \$ -	 \$ 1,488,551.93	 \$ -	 \$ 1,488,551.93
SA - Corrections Adolescent	\$ 81,599.72	\$ 339,075.41	\$ -	\$ 420,675.13
SA - Corrections IMT Female	\$ -	\$ 224,651.21	\$ -	\$ 224,651.21
Subtotal	\$ 81,599.72	\$ 2,052,278.55	\$ -	\$ 2,133,878.27
 Special Projects - Data Infrastructure	 \$ 40.65	 \$ 55,825.90	 \$ -	 \$ 55,866.55
State Epidemiological Outcome Workgroup (SEOWG)	\$ 2,853.11	\$ -	\$ -	\$ 2,853.11
Subtotal	\$ 2,893.76	\$ 55,825.90	\$ -	\$ 58,719.66
 Intensive Meth Treatment - Female	 \$ -	 \$ 194,530.93	 \$ 1,000.00	 \$ 195,530.93
Methamphetamine Treatment	\$ -	\$ 937,578.06	\$ 179,662.32	\$ 1,117,240.38
Case Management Services	\$ 207,816.98	\$ 55,181.84	\$ -	\$ 262,998.82
Co-Occurring State Incentive Plan	\$ 49,419.65	\$ -	\$ -	\$ 49,419.65
Subtotal	\$ 257,236.63	\$ 1,187,290.83	\$ 180,662.32	\$ 1,625,189.78
 Total Expenditures - SFY2008	 \$ 10,085,293.49	 \$ 9,682,375.88	 \$ 1,138,777.36	 \$ 20,906,446.73